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Bib Data Sheet

CONFIRMATION NO. 1370

SERIAL NUMBER 10/750,720	FILING DATE 12/31/2003  RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 2056/US/2
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/445,721 02/07/2003  
 and claims benefit of 60/437,417 12/31/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *CR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>CR</i> Initials <i>4/14/03</i>	STATE OR COUNTRY CO	SHEETS DRAWING 25	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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## TITLE

Whitening tip for dental flossing device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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